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## BIB DATA SHEET

CONFIRMATION NO. 5014

<b>SERIAL NUMBER</b> 10/506,664	<b>FILING or 371(c) DATE</b> 05/02/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> POL0005-PCT	
<b>APPLICANTS</b> Andrzej Czernecki, Warsaw, POLAND; Wojciech Wyszogrodzki, Warsaw, POLAND; Wojciech Sarna, Warsaw, POLAND; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/PL03/00019 03/05/2003 <b>** FOREIGN APPLICATIONS *****</b> POLAND P.352649 03/06/2002 POLAND P.352660 03/07/2002 POLAND P.352962 03/22/2002 POLAND P.355740 08/28/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RENE T TOWA/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> POLAND	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> PAUL, HASTINGS, JANOFSKY & WALKER LLP 875 15th Street, NW Washington, DC 20005 UNITED STATES					
<b>TITLE</b> Device for puncturing patient's skin					
<b>FILING FEE RECEIVED</b> 625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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